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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	AUTC	MATED SHIPBO	DARD MATERIA	L HANDLING AND STORAGE SYSTEM				
As the below named inventor(s), I/we declare that:								
This declaration is di	This declaration is directed to:							
	~	The attached applicati	ion, or					
		Application No.		_, filed on,				
		as amended on		(if applicable);				
I/we believe that I/we sought;	I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;							
I/we have reviewed amendment specification			f the above-identified	application, including the claims, as amended by any				
material to patentab	ility as d etween	efined in 37 CFR 1.56 the filing date of the	6, including for continu	rademark Office all information known to me/us to be uation-in-part applications, material information which the national or PCT International filing date of the				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.								
FULL NAME OF INV	ENTOR	(S)						
Inventor one: Charle Signature:	s E. Ben	odict Delet	Citizen of: _US	8				
Inventor two: Brian	G. Pfeifer							
Signature:	1		Citizen of: US	3				
Inventor three: Christian A. Yates								
Signature:	15/4	1. 	Citizen of: _US	3				
Inventor four: Scott	Inventor four: Scott W Bladen							
Signature:		CO.	Citizen of: US	3				
Additional inver	ntors or a	legal representative are b	peing named on	additional form(s) attached hereto.				

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Filing Date	
First Named Inventor	Benedict et al.
Title	Automatedsystem
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby ap	point:								
		with the Customer Number:		0002	93				
OR									
✓ Prac									
		Name			Registration	Number			
Ral	ph A. Dowell				2686	58			
We	ndy M. Slade				5360)4			
				**	· · · · · · · · · · · · · · · · · · ·				
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~	Firm or Individual Name	Ralph A. Dowell of DOWELL & DOWELL, P.C.							
	Address Suite 309, 1215 Jefferson Davis Highway								
Add	ress								
City		Arlington		State	ĮVA	Zip 22202			
Cou	phone	US 445 0555		Fax	703 415 2559				
I am the:	phone	703 415 2555		Tax	703 413 2339				
	pplicant/Inventor.								
		the entire interest. See 37 CFF	271						
		FR 3.73(b) is enclosed. (Form							
SIGNATURE of Applicant or Assignee of Record									
Name	Charles E. Benedic	t 0 5							
Signature () Signature									
Date 103/30/04 Telephone 1890/576-1176									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total of 4 forms are submitted.									

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Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:								
✔ Practitioners associated with the Customer Number:				000293				
OR	_							
Practitioner(s) named below:								
	Name		-	Registration N	Number			
Ralph A. Dowell				26868	3			
Wendy M. Slade				53604				
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Firm or Individual Name	Ralph A. Dowell of DOWELL &	DOWELL, P.C.						
Address	Suite 309, 1215 Jefferson Davi	s Highway						
Address								
City	Arlington		State	VA	Zip 22202			
Country	US							
Telephone	703 415 2555		Fax	703 415 2559				
I am the: Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
	SIGNATURE of A		signee d	of Record				
Name Brjan G. Pfejfer	ΩII				***************************************			
Signature Signature								
Date 3.30	ate 3.30-0% Telephone (850) 894-455 8							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
	- 1:							

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Thereby appeared											
Practitioners associated with	h the Customer Number:		0002	293							
OR											
Practitioner(s) named below	v:										
	Name				Registration	Number					
Ralph A. Dowell					2686	8					
Wendy M. Slade					5360	4					
Worldy III. Olddo			,								
as my/our attorney(s) or agent(s) t Trademark Office connected there	to prosecute the application with.	identified above,	and to tr	ransac	t all business	in the United States Patent and					
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Firm or Individual Name	e Raiph A. Dowell of DOWELL & DOWELL, P.C.										
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Address											
City	rlington		State	VA		Zip 22202					
Country U:	S										
	03 415 2555		Fax	703 4	115 2559						
lam the:											
Applicant/Inventor.											
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)											
SIGNATURE of Applicant or Assignee of Record											
Name Christian A. Yates	4										
Signature A-U+											
Date 3/30/04/ Telephone 1/850-576-1176											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
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I hereby ap	ppoint:	Γ						
✓ Prac	ctitioners associated	with the Customer Number:		0002	293			
OR		Ĺ						
Practitioner(s) named below:								
		Name				Registration	Number	
Ral	ph A. Dowell					2686	88	
We	ndy M. Slade					5360	04	
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	attorney(s) or agent(s Office connected the		dentified above,	and to tr	ansac	ct all business	s in the United States Patent and	
		e correspondence address for the			cation	to:		
OR		Г						
Ш Т	he address associat	ed with Customer Number:						
OR								
~	Firm or Individual Name	Ralph A. Dowell of DOWELL &	& DOWELL, P.C	•				
Add		Suite 309, 1215 Jefferson Dav	is Highway					
Add					,			
City		Arlington		State	VA		Zip 22202	
Cou	phone	US		Fax	Izon	445.0550		
	phone	703 415 2555		Tax	703	415 2559		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
		SIGNATURE of A		signee c	of Red	ord		
Name	Scott K. Salden							
Signature	Signature Signature							
Date	3-30-0	7				Telephone	(850) 576-1176	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
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